

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552612

FILING DATE

06 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	200		/			
4	200		/			
5	200					
6	1		1			
7	1		1			
8	2		1			
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TOTAL IND.	2		2			
TOTAL DEP.	9	←	5	←	←	
TOTAL CLAIMS	11		7			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

BEST AVAILABLE COPY